

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 08/03/01?
b. The request was received on 03/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. Audit summaries/EOB
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission case file contains no documentation indicating the Requestor complied with Rule 133.307 (g)(3). Therefore, the Division could not forward a copy of the Requestor's 14- day response to the insurance carrier. The Medical Review's findings and decision is based on all documentation in the Commission's case file at the time of review.

III. PARTIES' POSITIONS

1. Requestor: letter dated 03/18/02
"This patient had **two** procedures performed, to **two separate sites through two separate incisions**. The code of 64718 was performed to the **elbow**, and the 64721 was performed to the **wrist**, which required additional preparation for each site. The operative report is enclosed and will confirm this situation. Therefore, these two procedures are primary procedures performed to **two separate sites** and require full payment as stated in the above ruling."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 08/03/01.
2. The carrier's EOB has the denial, "F – FEE GUIDELINE MAR REDUCTION MULTIPLE SURGERY—50% 2ND."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
08/03/01	64721	\$850.00	\$425.00	F	\$850.00	Medical Fee Guideline, SGR (I)(D), CPT descriptor	The issue is whether CPT codes 64721 & 64718 are related per SGR (I)(D)(1)(b)(iv), or not related per SGR (I)(D)(2). Per the CPT descriptors and medical documentation the two surgeries are not related and are commonly performed separately. Therefore, SGR (I)(D)(2) applies and the provider is entitled to additional reimbursement of \$425.00.
Totals		\$850.00	\$425.00				The Requestor is entitled to additional reimbursement in the amount of \$425.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$425.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of October 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division